MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) SERIAL NO. FILING DATE

APPLICANT(S)

		(FOR US	E WITH .	FORM P	TO-875)					· .				
	AS FILED		AFTER		AFTER 2nd AMENDMENT		LAIN	/IS	*		•			
	IND.	DEP:	IND.	DEP.	2nd AME IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
Τ	7		$\Box$				ĺ	51			1			1
2		1/_						52					~	
3		lh-	1				ł	53						
5		12-	<del></del>				ļ	54						
6		W-	<del>- /</del>		<u> </u>	<u> </u>	<b>.</b>	55						
7			<del>                                     </del>		<u> </u>		1	56			<b></b>			
8		12/2	<del></del>					57			ļ			
9		Wid-	-					58		<u> </u>				_
10		<i>3</i> /2		1.		<del> </del>		59			<del> </del>		<u> </u>	<del> </del>
11		1		1				60						ļ
12	7			1			l	61	<del>                                     </del>		<del> </del>			<u> </u>
13	<del>/</del>	1	<u> </u>				1	62					-	<u> </u>
14	7	7		1		-		63	<del> </del>		<del> </del>			<del>                                     </del>
15		10						65	-		-			├
16		Va						66		-	<del>                                     </del>	-		
17		1/2						67		<del></del>	<del>                                     </del>	-		<del> </del> -
18								68		<del></del>	<del> </del>		<b></b>	_
19			1					69						
20				$\mathcal{I}$			·	70						_
21								71						
22								72						
23								.73					•	·
25								74						
26	<del></del> -				<del></del>		- 1	75						
27					:		- [	76				·		
28							- 1	77						
29					:		ļ	78						
30		$\neg \neg$					ŀ	79						
31							· }	80 ·			<u> </u>			
32							ł	81						
33							ł	82 83					<u> </u>	
34				ş			•	84				•		
35								85						
36							ı	86			·		-	
37								87						
38				]			ľ	88						
39							İ	89						
40 41								90				_		
42								91						
43							•	92	•					
44								93			•			
45	J.C							94						
46	<del>- ;  </del>				·			95						
47								96						
48							}	97						
49								98						
50								99						
TOTAL		,					-							
TOTAL		ا لب		الي				TOTAL		1		1		1
OFAL		1						TOTAL DEP.		<b></b>		ا ب		فب
LAIME	(3-78)	*******				1,000		IOIAts		distantial.			- 6	